

Division of Licensing and Protection

HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 8, 2017

Ms. Mary Belanger, Manager
St Joseph's Residential Care Home
243 North Prospect Street
Burlington, VT 05401-1609

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 18, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0155. | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 01/18/2017 |
|---|--|--|---|
| NAME OF PROVIDER OR SUPPLIER ST JOSEPH'S RESIDENTIAL CARE HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 243 NORTH PROSPECT STREET BURLINGTON, VT 05401 | |
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| R100 | Initial Comments: An unannounced re-licensure survey and complaint investigation was conducted by the Division of Licensing & Protection on 1/17 & 18/2017. The following regulatory deficiencies were identified as a result of the investigation: | R100 | To Clarify, all of our med techs are trained by our RN Staff Development Coordinator and our DON as regulations require. The Staff Development Coordinator provides hands on skills training, study guides and monthly training in-services. |
| R164 SS=F | V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on staff interview, the facility failed to provide evidence that all unlicensed staff only administer medications when a registered nurse (RN) delegates the responsibility for the administration of specific medications to designated staff for designated residents. Per interview with the facility Executive Director (ED), the Staff Development Coordinator (SDC), and the Licensed Practical Nurse (LPN), the Director of Nursing (DNS) is the RN who is responsible for delegating medication administration. The DNS is on vacation at the time of survey. There is no documentation available to reflect the delegation of medication administration has occurred. | R164 | There does exist a list of caregivers deemed proficient to pass medications signed by the DON. The regulations do not infer that the documentation by the delegate and the DON on an individual basis. A form has been created to address this deficiency. |
| | | | It is the plan to remedy the cited deficiencies <i>Form 1</i> 1. Two hours (and more according to need) of classroom instruction will be given. One hour will cover the pathology, signs and symptoms of diabetes and treatment. The second hours will review the administration of the routes of medications, i.e. eye, ear, oral, nasal, rectal, and vaginal. 2. Following the classroom instruction each delegate will have a return demonstration on administering insulins, eye, ear, nasal, oral, rectal and vaginal medications with the DON. The competencies will be documented for each individual file. <i>Form #2</i> |

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

8800

QLOF11

TITLE

(X6) DATE

Admin. Director

3/7/17

If continuation sheet 1 of 6

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| R165 | Continued From page 1 | R165 | 3. Annually, during the performance evaluation process in June each Med Tech who is up to date on his/her training and testing will renew their delegation privileges with the DON and sign an individual statement to that effect. (See attached sample) To satisfy the current deficiency we will have this requirement prior to June as soon as the return demonstrations are accomplished by each Med Tech. In a position statement published by the State Board of Nursing in 2014 on the role of the nurse in delegating nursing interventions it is stated that "different nurses may carry out the various steps of this process when a task is delegated to an assistive person.". In this, our Med Techs have received much of what they have that is necessary for safe practice. Henceforth, the DON will be attentive to document the teaching time that regularly occurs. | 1/30/17 |
| R165 SS=F | V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the RN did the teaching of designated staff regarding proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects. Findings include: Per staff interviews and record review, the process for educating new staff being delegated | R165 | 4. Auditing the medication pass has been an ongoing practice and will continue at St. Joseph's. The DON will implement these audits and the records will be kept in the individual Med Tech files. (See attached form) Form # 3 5. St. Joseph's has conducted initial and refresher skill training opportunities to check and upgrade skill competencies of nurses and Med Techs. We will continue this practice and document this to individual files so they are readily available for the State. Form # 5 | ongoing |
| | | | 6. Regular communications/meetings with the Med Techs and DON will be documented and placed in individual files. | ongoing |

Form #1

Med-Tech (PCA) Medication Delegation Statement for Un-licensed Staff

I, Dorothy Delaney, RN, Director of Nursing, for the St. Joseph Kervick Residence certify that
has been delegated the medication administration

responsibility by me on _____ has successfully
completed his/ her in- house med tech training as evidenced by achieving a passing grade (80% or
higher) on her Med Tech written exam and by passing the clinical competency skills observation (see
Competency Checklist).

Dorothy Delaney, RN, DON
Director of Nursing

Date _____

St. Joseph's Residential Care Home, 243 North Prospect Street, Burlington, Vt 05401

EENTT Med Tech Competency

Name: _____ Date: _____

Passed Return Demonstration using proper technique for the following:

Administration of:

- Eye Drops _____
- Nose Spray _____
- Ear Drops _____
- Inhaler _____
- Inhaler with Spacer _____
- Nebulizer _____
- Topical Treatments _____

Passed Written Exam with a score of 85% or better _____

1. Reads and Follows a MAR correctly _____
2. Understands the 5 R's of proper medication

Administration noted as follows:

- Right Resident _____
- Right Medication _____
- Right Dose _____
- Right Time _____
- Right Route _____

3. Checks of an Order noted as follows:

- Reads Order _____
- Reads Order Label _____
- Reads Before Putting
Med Back. _____

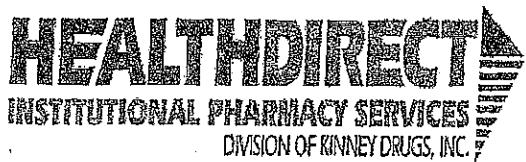
Proper Hand Sanitation _____

Proper Use of Gloves _____

Signed Med Tech _____ Date _____

Signed Dorothy Delaney, RN, DON _____ Date _____

FORM 20: MEDICATION PASS MONITOR



Medication Pass Monitor

Facility _____ Nurse _____ Unit _____ Date _____ Time _____

| Criteria | Correct | Incorrect | Comment |
|--|---------|-----------|---------|
| Medication Cart | | | |
| Top drawers are clean, crusher is used and cleaned correctly | | | |
| Applesauce etc. are covered, dated, timed and spoon handles are up | | | |
| Hand wash is available | | | |
| Medical reference book available | | | |
| Procedure | | | |
| Wash hands initially and as indicated | | | |
| Check MAR for first Med and retrieve package | | | |
| Check for allergies | | | |
| Check to make sure label is the same as MAR | | | |
| Remembers 5 client rights | | | |
| Check dosage, time, and route | | | |
| Transfer medication to a medication cup, 3 point check: read label before, during, and after oral med. | | | |
| Nurse not touching /handling medication | | | |
| Identify resident | | | |
| Med is given with adequate water/food | | | |
| Resident is observed swallowing medication | | | |
| Nurse is able to identify medications administered and is knowledgeable to side effects | | | |
| Medication administration: AC, PC, QD, BID, TID, QID, HS | | | |
| Route (IM, IV, SQ, topical, rectal, vaginal, NG, PO) Is done correctly | | | |
| Medication administered within 60 minutes (before and after) scheduled time | | | |
| Medication to be crushed or not crushed | | | |
| Sign off medication on MAR or circle it if refused after attempted to retreat and return | | | |

Form #4

Loretto Home/ St. Joseph Kervick Residence COMPETENCY CHECKLIST
Medication Administration Assessment

| Competency Criteria: Demonstrate knowledge of principles and purpose of medication assistance. The PCA: | Evaluator Initials | Evaluator Score | Comments |
|---|--------------------|-----------------|----------|
| 1. Demonstrates knowledge of the 5 "R's" of medication administration | | | |
| 2. Adheres to Standard Precautions/cleanses hands at beginning of process and as appropriate during medication administration | | | |
| 4. Validates medications to be administered with resident's Medical Record (MAR) against medication in the bubble pack(s). Completes the (3) check expectation. Documents resident administration of medications on MAR | | | |
| 4. Pre-pours medications accurately, identifies and validates resident prior to medication administration, and observes the resident ingest the medications. | | | |
| 5. Locks the med cart and never leaves cart unattended. Ensures that medication keys are secure at all times. | | | |
| 6. Identifies medication which have parameters, evaluates the data (BP, pulse, BS level etc.) prior to administering medication. | | | |
| 7. Accurately draws up/dials/administers insulin thru return demonstration. Explains the difference between long acting and short acting insulin, offers common names for insulin brands in each category to the trainer. | | | |
| 8. Identifies interventions to be made for an individual prior to administering (hypothetically) PRN psychoactive medications per resident's written plan. | | | |
| 9. Accurately completes narcotic count per procedure. | | | |
| 10. Identifies two ways to find out why a particular medication is ordered for a resident. Identifies how to find the likely side effects of a medication. | | | |

Competency Checklist

SCORING: Must attain a 24/30 (80%) on competency checklist without receiving a score of 1 (one) in any category.
 3-Demonstrates competency and consistency 2-Demonstrates with minimal prompting/assistance 1-Requires retraining/education

(printed name) is competent to pass medications at the Loretto Home/St. Joseph Kervick Residence.

PCA Signature: _____ Date: _____

Nurse/Evaluator Signature: _____ Date: _____

Form #5

Med-Tech (PCA) Medication Delegation Statement for un-licensed staff

Revised 1/19/2017

I, Dorothy Delaney, RN, Director of Nursing for St. Joseph's Residential Care Home/ Kervick Homes, certify that the following un-licensed staff members have been delegated medication administration responsibilities by me, a licensed Registered Nurse.

Dated: _____

Dorothy Delaney, RN, Director of Nursing

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| R165 | Continued From page 2 to administer medications is as follows: The new delegatee is provided with a self-study packet. The delegatee studies the information and when s/he feels ready, takes a test to evaluate the learning. According to an interview with the SDC there is no face to face instruction by the Registered Nurse regarding medication administration techniques, side effects, medication actions and other necessary information, and that process is accomplished entirely by self-study and exams. This information was provided and confirmed by the RN SDC and the ED in interview on 1/17/17 at 2:45 PM. | R165 | To clarify, the staffing pattern does not remain the same across all three shifts. On day shift, in addition to nursing staff we have housekeeping, dining, administrative and activity staff as well as the DON and administrator that provide additional supervision. | |
| R178 SS=F | V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to assure that there are a sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. Findings include: Per observation upon arrival at the facility, there is one direct Caregiver on duty with a Caregiver/ | R178 | On evening shift we have a full-time med tech, a full-time care giver and either an LPN or caregiver until 9:00pm as well as 2-3 dining staff until 6:00pm that provide additional supervision. We will add an additional caregiver on day shift during the times that residents are receiving care and showers. We also continually review our acuity and adjust our staffing patterns as needed. Additionally, we will program several of our remote doors to be alarmed 24/7. | 418/17 3/8/17 POC ACCEPTED m7d |

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| R178 | <p>Continued From page 3</p> <p>Medication Technician also working. There was also a volunteer present. The staff explained that DNS is on vacation until the end of the month, the LPN, who lives in New York State, is scheduled to come in at noon and the Administrator is at a meeting. There are 39 residents in the facility and these residents are on 3 separate floors.</p> <p>The staffing pattern remains the same for all shifts. There are other staff who are about the facility during the day, during the week, including the DNS, a volunteer who drives residents to appointments, housekeeping, dietary staff, and an activities person. In a review of the resident population, there are 16 residents with ERC (Enhanced Residential Care) variances. These variances are LOC (Level of Care) variances that indicate that the resident requires more care than usual for a resident of a Level 3 residence and that the facility has applied for a variance by attesting that the facility has adequate staff to meet the resident's needs. For each resident with ERC variance the facility must be prepared to provide 1 hour per week of Nursing care per resident and 2 hours per day of Direct Caregiver care per resident. Since the staff state that there is little actual care provided to most residents during the overnight hours, that would leave 32 additional hours per day of direct care to be covered almost entirely by the day and evening shifts in addition to the care required by the remaining 23 non-ERC residents.</p> <p>Additionally the residence has 7 doors accessible to residents which are alarmed only during the hours of 8 PM until 5 AM. The other 15 hours of the day these doors are not alarmed. There are smokers who go out of the facility to smoke and there is, at least, one resident who has been identified as someone who wanders.</p> | R178 | | |

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| R178 | Continued From page 4 In an interview the Direct Caregiver states that s/he does do resident showers on the day shift and that some showers are done on the evening shift. During the time when the caregiver is providing a shower, that leaves the Med Tech to monitor all residents and administer any medications needed. During the week the additional staff may be available to assist at times. On the weekend the staffing is 1 Med Tech and 1 direct caregiver on each shift. In an interview the ED and the LPN both confirmed the staffing to be as described and the ED confirmed the number of ERC residents to be correct as provided. | R178 | To clarify; we held 18 (per state regulations only 4 are required) fire drills during 2016. We held 5 at 10:00 am, 4 at 3:30 pm, 4 at 5:00 am, 1 at 2:00 pm, 1 at 2:45 pm, 1 at 3:00 pm, 1 at 4:00 am, and 1 at 5:30 am. We conducted our fire drills to correspond with our shifts to ensure proper training for staff and residents. We did meet the spirit of the regulation by conducting more than the required unannounced fire drills on all three shifts. | |
| R302 SS=D | IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the | R302 | We are now conducting unannounced fire drills in the evenings. The maintenance director will be responsible for coordinating the drills and the administrator will review fire drill logs on a quarterly basis to ensure compliance. | 4/1/17 POC ACCEPTED 3/8/17 mt |

POC
ACCEPTED 3/8/17
mndjgnspn

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| R302 | <p>Continued From page 5</p> <p>facility failed to assure that annual fire drills rotate times of day among morning, afternoon, evening, and night. Findings include:</p> <p>Per record review the facility does hold six fire drills annually however any fire drills held on the night shift were held between 4 AM and 5:30 AM, all fire drills on days were at 10 am, and all afternoon fire drills were held between 2 PM and 3:30 PM. There were no fire drills between 3:30 PM and 4:00 AM. The facility failed to provide an evening fire drill. The fire drills listed were confirmed by the ED of the facility in interview on the morning of 1/18/17.</p> | R302 | | |